



Texas Commission on Environmental Quality

Exemption §106.354 Checklist (Previously Standard Exemption 79)

Iron Sponge Gas Treating Units

The following checklist has been developed so you and the Texas Commission on Environmental Quality (TCEQ) staff can confirm that Exemption §106.354, previously standard exemption 79, requirements are met. Please answer all questions. You must meet all the requirements to operate the facility under Exemption §106.354, previously standard exemption 79. **Any "no" answers indicate inability to meet all requirements of Exemption §106.354, previously standard exemption 79.** If you do not meet all the requirements, you must obtain a construction permit in accordance with §116.111 before you begin construction, or alter the facility design/package in such a way that all the requirements of the exemption are met.

<u>YES</u>	<u>NO</u>	<u>PART DESCRIPTION</u>
—	—	Have you confirmed that you meet the general requirements for the use of exemptions as listed in §106.4, previously §116.211 (attach checklist)?
—	—	Does the gas stream to be treated contain less than 60 lb/hr of Hydrogen Sulfide? Attach sample results or other documentation of the Hydrogen Sulfide concentration.
—	—	a) Is the gas treatment unit located at least 1/4 mile from any recreational area, residence, or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located? Attach map .
—	—	b) During replacement of the iron oxide impregnated chips will: (1) the unit be isolated from the main system and the pressure reduced to 0.5 psia or less through a gas-fired flare; <u>or</u> (2) sulfur compound emissions to the atmosphere be less than or equal to one ton per replacement? Attach a description of the replacement process.
—	—	c) Will the spent iron oxide chips be handled to avoid spontaneous ignition and to avoid an odor nuisance? Attach a description of the operations safeguards to be used.

NAME:_____

COMPANY:_____TITLE:_____

FACILITY NAME:_____

PHONE #:_____FAX PHONE #:_____

SIGNATURE OF COMPANY OFFICER:_____

DATE:_____